

APPLICATION FOR ENROLLMENT

30 E. MAIN ST. P.O. Box 712 CHILLICOTHE, OH 45601
PHONE: (740) 772-5437 FAX: (740) 773-2427



DATE: _____

PLEASE TELL US ABOUT : The Student

Student's Name _____
(First) (Middle) (Last)

Student Goes By: _____ Social Security #: _____

Date of Birth: _____ Age: ____ Sex: Male Female Current Grade Level ____

Race/Ethnic Composition (not mandatory)

- White/ Non Hispanic: Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East
- Black/ Non Hispanic: Persons having origins in any of the black racial groups in Africa
- Non-Hispanic: Hispanic Persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race
- Asian/Pacific: Persons having origins in any of the original peoples of the Islanders Far East, Southeast Asia, the Pacific Islands, or the Indian subcontinent. This area includes for example, China, India, Japan, Korea, the Philippine Islands, and Samoa
- American Indian/Alaskan Native American: Persons having origins in any of the original peoples of North Alaskan Native America, and who maintain cultural identification through tribal affiliation or community recognition
- Multi-racial: Persons having origins in two or more of the above options

Student's Home Address: _____
(Street)

(City) (State) (Zip)

Home Phone number: _____ Cell Phone: _____

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Check if Appropriate:

Parents Married Mother Remarried Mother Deceased
 Parents Separated Father Remarried Father Deceased

Student Lives With: _____

School Last Attended: _____ City, State: _____

Has the Student Ever Skipped or Repeated a Grade? Yes _____ No _____
Explain:

Explain Any Special Circumstances That May Have Affected The Student's Education
(i.e. illness, learning difference, physical handicap, etc.)

PLEASE TELL US ABOUT: Contact Person One (Person Living With Student &
Primary Day Contact)

Mother Father Step-Father Step-Mother Aunt Uncle
 Grandmother Grandfather Other

Name: _____

Home Phone Number: _____ Work Number: _____

Cell Phone: _____ E-mail: _____

Occupation: _____

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PLEASE TELL US ABOUT: Contact Person Two (Person Living With Student & Primary Day Contact)

Mother Father Step-Father Step-Mother Aunt Uncle
 Grandmother Grandfather Other

Name: _____

Home Phone Number: _____ Work Number: _____

Cell Phone: _____ E-mail: _____

Occupation: _____

PLEASE TELL US ABOUT: Person Responsible For Tuition (If Different)

Mother Father Step-Father Step-Mother Aunt Uncle
 Grandmother Grandfather Other

Name: _____

Home Phone Number: _____ Work Number: _____

Cell Phone: _____ E-mail: _____

Occupation: _____
